

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes permitted or required by law.

### **I. Uses and Disclosures of PHI**

Our facility may use your PHI for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. Your PHI may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA Privacy Regulations or State law.

**A. Treatment.** We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your PHI to another health care provider to coordinate your treatment. We may use your information within our facility to fit and manufacture your orthosis or prosthesis. In some cases, we may also disclose your PHI to an outside treatment provider for purposes of the treatment activities of the other provider.

**B. Payment.** Your PHI will be used, as needed, to obtain payment for the services we provide. This may include certain communications to your health insurer or third party payor to get coverage approval for the orthotic or prosthetic device. We may also disclose PHI to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. In order to obtain payment, we may also need to disclose your PHI to your insurance company to demonstrate the medical necessity of the services or, as required by your insurance company, for utilization review. We may also disclose patient information to another provider involved in your care for the other provider's payment activities.

**C. Health Care Operations.** We may use or disclose your PHI, as necessary, for our own health care operations in order to facilitate the function of the facility and to provide quality care to all patients. Health care operations include:

- Quality assessment and improvement activities;
- Employee review activities;
- Training programs including those in which students, trainees, or practitioners learn under supervision;
- Business Associates with whom we have a signed Business Associates Agreement;
- Accreditation, certification, licensing or credentialing activities; or
- Business management and general administrative activities.

In certain situations, we may disclose information to another provider or health plan for their health care operations. We may also disclose information to inform you or anyone involved in your care or payment for your care, such as a family member, friend, legal guardian or any individual you identify, unless you say no.

**D. Other Uses and Disclosures.** As part of treatment, payment and healthcare operations, we may also use or disclose your PHI for the following purposes:

- To remind you of an appointment;
- To inform you of potential treatment alternatives or options;
- To inform you of fund raising that may be of interest to you;
- To inform you of health-related products or services or other marketing information that may be beneficial and of interest to you;

You may “opt out” of any of these by simply telling us.

## **II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object.**

**A. When Legally Required.** We will disclose your PHI when required to do so by any Federal, State or local law.

**B. Risks to Public Health.** We may disclose your PHI for the following public activities or purposes:

- To prevent, control, or report disease, injury or disability as permitted by law;
- To conduct public health surveillance, investigations and interventions as permitted or required by law;
- To collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance;
- To report to an employer information about an individual who is a member of the workforce as legally permitted or required;
- To report child abuse or neglect.

**C. To Report Abuse, Neglect Or Domestic Violence.** We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**D. To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

**E. Judicial And Administrative Proceedings.** We may disclose your PHI in the course of judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.

**F. For Law Enforcement Purposes.** We may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries;
- Pursuant to court order, court-ordered warrant, subpoena, summons or similar process;
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
- Under certain limited circumstances, when you are the victim of a crime;
- If the facility has a suspicion that your death was the result of criminal conduct;
- In an emergency in order to report a crime.

**G. To Coroners, Funeral Directors, and for Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to

perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**H. For Research Purposes.** We may use or disclose your PHI for research when use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address your privacy.

**I. In the Event of a Serious Threat To Health Or Safety.** We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or that of the public.

**J. For Specified Government Functions.** In certain circumstances, Federal regulations authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**K. For Worker's Compensation.** The facility may release your health information to comply with worker's compensation laws or similar programs that provide benefits for work-related illnesses or injuries.

**L. Military and Veterans.** We may disclose your PHI to military command authorities if you are an armed services or reserve member.

**M. Psychotherapy Notes.** Most uses or disclosures of psychotherapy notes will only be made with your authorization. For example, without your authorization, these notes may only be used for treatment and training purposes, or for use in your treatment by the original writer of the notes.

### **III. Your Rights Regarding Your Health Information**

You have the rights described below in regard to the health information that Allen Orthotics & Prosthetics maintains about you. You must submit a written request to exercise any of these rights. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

**A. Right to Inspect/Copy.** You have the right to inspect and get a copy of health information maintained by us and used in decisions about your care. This right extends to your medical and billing records. You have the right to request an electronic or paper copy.

**B. Right to Amend.** If you believe health information we created is inaccurate or incomplete, you may ask us to amend it. Allen Orthotics & Prosthetics cannot delete or destroy any information already included in your medical record. You must provide a reason for your request. We may deny your request if you ask to amend information that we did not create (unless the person or entity that created the information is not available to make the amendment); that is not part of the health information we maintain; that is not part of the information you are permitted by law to inspect and copy; or that is accurate and complete.

**C. Right to Accounting of Disclosures.** You have the right to ask for a (free) list of disclosures that Allen Orthotics & Prosthetics has made of your health information. Our facility is not required to list all disclosures, such as those you authorized. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* If you request more than one accounting in a 12-month period, we may charge you for the cost of additional lists. We will tell you the cost; you may withdraw or change your request before the copy is made.

**D. Right to Request Restrictions.** You have the right to request a restriction or limit on how Allen Orthotics & Prosthetics uses or discloses your health information. You must be specific in your request for restriction. You may restrict disclosure of your health information to a health plan if you choose to pay out-of-pocket in full for the services at the time they are provided. We are not required to agree to every request. If our facility agrees or is required to comply, we will comply with the request unless the information is required to be disclosed by law or is needed in case of emergency. *Example:* You may want to pay cash in advance for services rather than have your insurance billed.

**E. Right to Request Confidential Contacts.** You have the right to request that we contact you about medical issues in a certain way, such as by mail. You must specify how or where you wish to be contacted and we will try to accommodate reasonable requests.

**F. Right to a Copy of This Notice.** You have the right to a paper or electronic copy of this Notice, which is posted and available at each facility where medical services are provided and is on our website at [www.allenoandp.com](http://www.allenoandp.com).

#### **IV. Changes to this Notice**

Allen Orthotics & Prosthetics reserves the right to change this Notice and to make the revised Notice effective for health information created or received about you prior to the revision, as well as to information it receives in the future. Revised Notices will be posted and available at each facility where medical services are provided and on our website at [www.allenoandp.com](http://www.allenoandp.com).

#### **V. Right to be Notified**

Allen Orthotics & Prosthetics will notify you if your medical information has been “breached,” which means that your medical information has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

#### **VI. Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with Allen Orthotics & Prosthetics’ Privacy Officer. Submit a written complaint within 180 days of when you knew or should have known of the circumstance leading to the complaint. ***You will not be retaliated against for filing a complaint.***

Allen Orthotics & Prosthetics’ contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested and complaints against the facility can be mailed to the Privacy Officer by sending them to:

Allen Orthotics & Prosthetics, Inc.  
ATTN: Privacy Officer  
2502 West Ohio Avenue  
Midland, Texas 79701

The Privacy Officer can be contacted by telephone at 432-683-3788.